1999-2000 Strategic Plan, Goal #3: Determine the baseline level of enteric "diarrheal" disease and the major pathways of spread for our community by initiating an "enteric active surveillance project."

We continue to pursue the development of a viable enteric active surveillance project. The intent of the project is to provide an easy, low-cost method of testing individuals presenting, at physician's offices, with diarrheal illness. In formation provided by a network of participating clinics would provide us with a baseline of enteric, or intestinal, illness within the District. These clinics would also serve as an early warning system to alert us to clusters and outbreaks of illness. In 1999, a pilot project was conducted. Numerous problems and stumbling blocks were revealed. CDHD staff and a student studying towards a Masters Degree in Public Health have been working to resolve these issues. The State Laboratory and the State Epidemiologist continue to be supportive of the project as we work and re-work the logistics.

In the same vein, CDHD has become very involved with other community organizations in the areas of disaster preparedness, bioterrorism response, and weapons of mass destruction awareness. These organizations have provided insight into other forms of surveillance that may be more beneficial and comprehensive than the enteric surveillance project we have been pursuing. We are researching early warning systems, such as syndromic surveillance, and the feasibility of establishing this type of system in our District. Such a system would build on the cooperative network between our health district, hospitals, and agencies that are already involved in community disaster preparedness.

Similar to foodborne illness, enteric illness is also grossly under-reported not just in District IV and across the nation. Figures 5 and 6 show the peaks in illness, which indicate outbreaks and periods of increased testing in the community. Interrupting the spread of the disease and determining the source are the keys to limiting the impact of enteric illness.

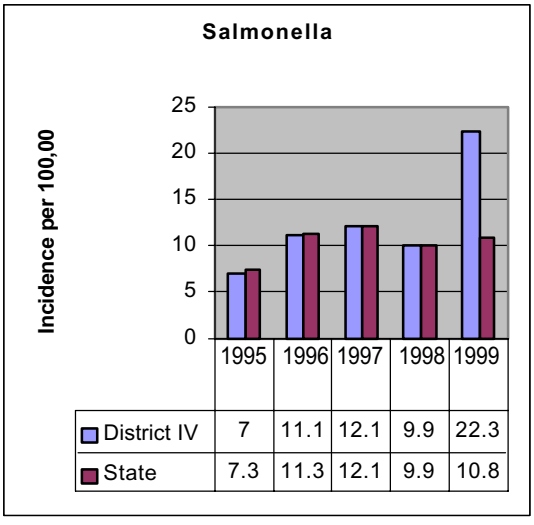

Figure 5

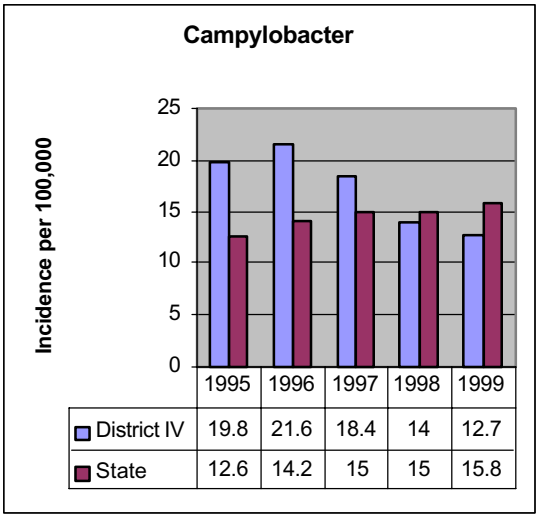

Figure 6

Improved surveillance and continued education are instrumental in protecting public health. The ability to analyze spatial data is a key component to developing our surveillance capabilities. The District is committed to increasing the use of Geographic Information Systems (GIS) to analyze and display data. GIS is a powerful tool that will greatly enhance our surveillance capabilities. By designating one computer for GIS and building our software library we have set the framework for increased GIS use. Continuing to train our staff in GIS, particularly in the area of public health, will further strengthen the public health infrastructure. The power of this technology is shown in figure 7 below.

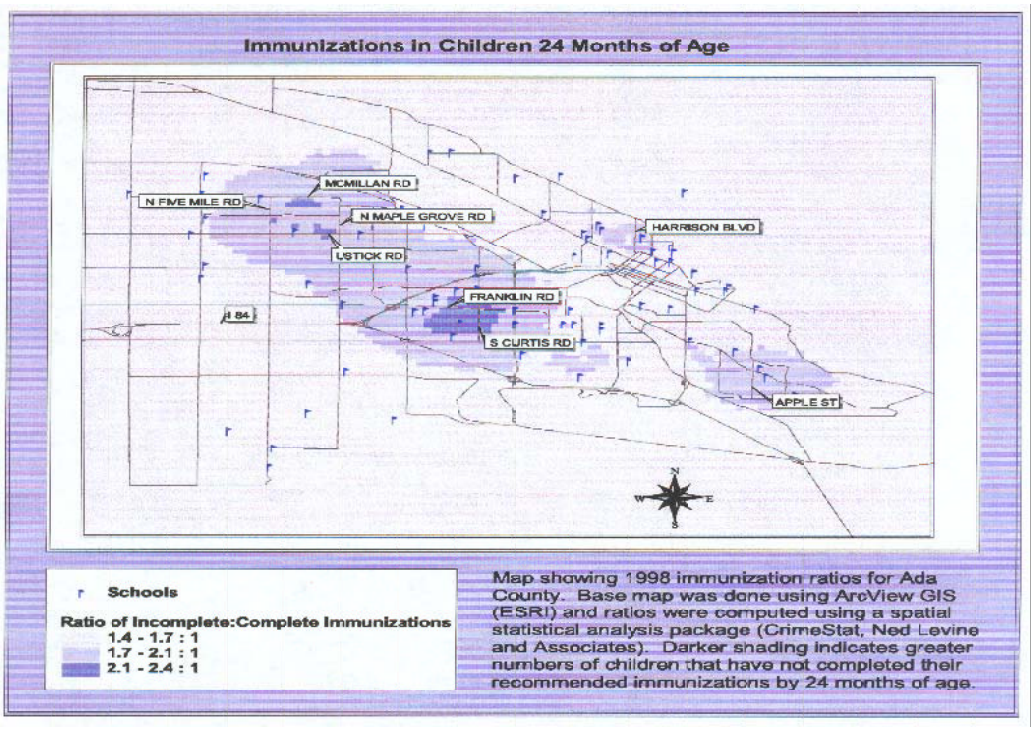

Figure 7

The five activities on the fingers of this hand are integral components of a strong public health infrastructure. Without these activities public health as we know it would not exist. "What gets measured gets done."